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Dentist register

Modul	Sachverhalt
Leistungsschlüssel	99018004000000, 99018004000000
Leistungsbezeichnung I	Dentist register
Leistungsbezeichnung II	
Typisierung	2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug
Quellredaktion	Brandenburg
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt
Leistungsgruppierung	Berufsberechtigung (018)
Verrichtungskennung	
SDG-Informationsbereich	Eintragung, Änderung der Rechtsform oder Schließung eines Unternehmens (Registrierungsverfahren und Rechtsformen für geschäftliche Tätigkeiten)
Lagen Portalverbund	Anmeldepflichten (2010100), Eintragung in Register (2020100)

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Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	12.12.2019
Fachlich freigegen durch	Ministry of Social Affairs, Health, Integration and Consumer Protection
Handlungsgrundlage	https://www.gesetze-im-internet.de/zo-zahn_rzte/BJNR005820957.html#BJNR005820957BJNG000100333 https://www.gesetze-im-internet.de/zo-zahn_rzte/BJNR005820957.html#BJNR005820957BJNG000100333
Teaser	You can apply for entry in the register of dentists at the Kassenzahnärztliche Vereinigung (KZV) Land Brandenburg.
Volltext	The Associations of Statutory Health Insurance Dentists (KZV) keep a register of dentists for each registration district in which they record dentists. The register contains information about your person and your professional activity as a dentist. This information is important for your license. You must first be entered in the register of dentists if you • want to apply for a license or • are seeking employment with a licensed dentist. You apply for entry in the dentist register.
Erforderliche Unterlagen	• Birth certificate, marriage certificate, proof of name change • License to practice as a dentist • If applicable, also license to practice medicine • Proof of work as a dentist after passing the dental examination • Doctorate certificate, if applicable • Specialty designations (orthodontics, oral surgery, oral and maxillofacial surgery) • Proof of the 2-year preparation period (sample confirmation letter) You must provide proof of all the information provided in the application. You must submit the documents in

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	the original or as a certified copy. Please note: If you are unable to submit the required documents, you must prove in another way that you meet the requirements. Ask the KZV Land Brandenburg directly how you can provide the evidence.
Voraussetzungen	• License to practice as a dentist • Proof of at least 2 years of preparation Note: The 2-year preparation period may be waived in some cases. In such cases, you must have obtained a diploma recognized under Community law in another Member State of the European Community and be entitled to practice the profession. You must have assisted or represented one or more panel dentists for at least 6 months of the preparation period. You can replace up to 3 months of this period with work of the same duration in a university dental clinic. Please note: Substitution periods are only recognized if you were previously employed for at least 1 year: • as an assistant to a contract dentist, • in university dental clinics, • in dental wards of a hospital, • in the public health service, • in the armed forces or • in dental clinics. You can also complete the remaining preparation period as an employed dentist in one of the above-mentioned institutions. Activities can only be credited from a length of 3 weeks.
Kosten	Application fee for entry in the dental register: EUR 100.00
Verfahrensablauf	You can apply for entry in the dental register in writing using the form provided: • Download the form online and print it out.

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	• Complete the form and add the necessary supporting documents. • Submit the application documents to the KZV Land Brandenburg. • The KZV Land Brandenburg will confirm your registration in writing. Please note: In the case of 2 partial licenses in different licensing districts, 2 entries are made in the dentist registers of the respective districts.
Bearbeitungsdauer	maximum 3-5 working days if the fee of EUR 100.00 has been transferred and the application is complete
Frist	none
weiterführende Informationen	
Hinweise	
Rechtsbehelf	
Kurztext	• Dentist register - apply for registration • Associations of statutory health insurance dentists keep a dentist register for each registration district, which contains information about the person and their professional activity • Dentist register entry is required to be able to work as a contract dentist or as an employed dentist • Application required • Responsible: Kassenzahnärztliche Vereinigung (KZV) Land Brandenburg
Ansprechpunkt	Dentist registration office at the district office of the Kassenzahnärztliche Vereinigung (KZV) Land Brandenburg, in whose registration district you live Please note: If you live outside Germany, you are free to choose the dentist register.
Zuständige Stelle	Brandenburg Association of Statutory Health Insurance Dentists (KZVLB) Department "Admission/Register/On-call service"

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	Helene-Lange-Straße 4-5 14469 Potsdam E-mail: zulassung@kzvlb.de Telephone: 0331 2977333 Service hours Mon. 09:00 - 15:00 Tue. 09:00 - 15:00 Wed. 09:00 - 15:00 Thurs. 09:00 - 15:00 Fri. 09:00 - 12:00
Formulare	https://www.kzvlb.de/fileadmin/user_upload/Seiteninhalte/Service/Downloadcenter/Zulassung/aktuell/2021_Antrag_Register_06_21_29_ausfuellbar.pdf https://www.kzvlb.de/fileadmin/user_upload/Seiteninhalte/Service/Downloadcenter/Zulassung/aktuell/2021_Antrag_Register_06_21_29_ausfuellbar.pdf
Ursprungsportal	Dentist register, Zahnarztregister